Huaxia Chinese School Staten Island Branch Liability Waiver Form

I, the parent of		
do hereby release the Huaxia Chinese School Stat	ten Island Branch (HXCS-S	SI) and the teachers, staff of the
HXCS-SI of any and all liability and claims, in ca	ase of accidents, sickness or	r injuries to my child during school
time, including before and after school hours, dur	ring activities sponsored or	participated in by the HXCS-SI.
In case of accident, injury or sickness, I	(would)	(would not) agree that my
child be sent to a nearby hospital by the staff of the	he HXCS-SI for treatment of	or examined by a physician selected
by the HXCS-SI at the discretion of the school.		
I hereby release the HXCS-SI from any and all cl	aims in connection with the	e giving or failure to give medical
attention to my child.		
Doctor's Name and Phone Number:		
Emergency Contact and Phone Number:		
Parent's Signature	Date	